

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X Certified Mail <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ITT Industries, Inc. c/o Its Registered Agent CT Corporation System 111 Eighth Avenue New York, NY 10011		B. Received by (Printed Name) Received DEC 18 2007 NYSOP CT, a Wolters Kluwer Business	
2. Article Number (Transfer from service label)		C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
07cv1064 SEC		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		7003 3110 0004 0800 3293 Domestic Return Receipt 102595-02-M-1540	